

FOR THE
CALENDAR YEAR _____

MAIL TO:

CITY OF TROY
INCOME TAX DEPARTMENT
100 S. MARKET STREET
TROY, OH 45373 - For Assistance Call 339-3861

CITY OF TROY – INCOME TAX RETURN

FISCAL PERIOD _____ TO _____

TAX FORM DUE ON OR BEFORE
APRIL 30 OR WITHIN 4 MONTHS
FROM END OF FISCAL YEAR.
70% PAYMENT DUE JANUARY 31ST
TO AVOID PENALTY AND INTEREST

Page 1

FILING REQUIRED EVEN IF NO TAX DUE

NAME &
ADDRESS
IF NAME OR
ADDRESS IS
INCORRECT,
MAKE
NECESSARY
CHANGES

Residency Status (✓ one)

☐ Resident ☐ Non-Resident ☐ Partial Year Resident From _____ To _____

Filing Status (✓ one)

☐ Single ☐ Married Filing Joint ☐ Married Filing Separate

SOC. SEC. NO. (TAXPAYER)									
SOC. SEC. NO. (SPOUSE)									
FED. I.D. NO.									

NOTE 1. This return must be submitted by every Troy resident 18 years of age and older.

NOTE 2. Any taxpayer attaching a copy of the Federal Return or Schedules, where applicable, need not complete Page 2 (except Schedule Y when Line 8B of Page 1 is used).

1. GROSS WAGES, SALARIES, TIPS, AND OTHER COMPENSATION (Usually this is the local wage from the W-2)	
2. INCOME OTHER THAN WAGES FROM PAGE 2 (See note 2)	
3. TOTAL INCOME (Total Lines 1 and 2 OR Federal Adjusted Gross Income per Federal Return attached) (see instructions)	
4. Subtract Employee Business Expense Federal Form 2106 (must be attached with 1040 & Schedule A)	
5. Subtract 1/2 Self Employment Tax and Self Employed Health Insurance Deduction (1040 must be attached) and Moving Expense Federal Form 3903 (must be attached with 1040)	
6. Total Income for taxpayers allowed the above deduction	
7. A. ADD ITEMS NOT DEDUCTIBLE (From Line M Schedule X)	
B. SUBTRACT ITEMS NOT TAXABLE (From Line Z Schedule X)	
8. A. TOTAL ADJUSTED NET INCOME IF SCHEDULE X IS USED	
B. AMOUNT ALLOCABLE TO TROY IF SCHEDULE Y, PAGE 2 IS USED % of Line 8A	
9. AMOUNT SUBJECT TO TROY INCOME TAX (Line 1 or Line 3 or Line 6 or Line 8A or Line 8B)	
10. TROY INCOME TAX 1.75%	
11. CREDITS: (A) TROY Tax withheld by employer(s)	
(B) Payments and Credits on Declaration of Estimated Tax	
(C) Earned income taxes paid City of (See Instructions for line 11C)	
(X) TOTAL CREDITS ALLOWABLE	
12. A. BALANCE DUE (line 10 less line 11X) (Do not pay amounts less than \$1)	
B. PENALTY INTEREST LATE FILING FEE	
13. TOTAL OF LINE 12A & 12B AMOUNTS (Remittance payable to the City of Troy must accompany this form).	
14. OVERPAYMENT CLAIMED (If Line 11X exceeds Line 10, enter difference here) (Amounts for less than \$1 will not be refunded) Enter Amount of Line 14 you want CREDITED to your Estimated Tax REFUNDED	

MUST ATTACH W2s

DECLARATION OF ESTIMATED TROY INCOME TAX

PERIOD _____ 20 _____ TO _____ 20 _____

15. Estimated income subject to Troy Tax		19. Credits	
16. Estimated Tax Due: 1.75% of Line 15		20. Net Troy Tax Due (Line 18 less Line 19)	
17. Less: Troy Tax to be withheld and/or tax paid to another city		21. Amount paid (not less than 1/4 of line 18) less credits	
18. Balance of estimated Troy Tax Due		22. Balance of Tax payable	

(Payable in equal installments for each calendar quarter, see instructions)

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

SIGNATURE OF TAXPAYER

DATE

ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER

SIGNATURE OF SPOUSE

DATE

**Business Name
and Address**

1. TOTAL RECEIPTS, LESS ALLOWANCES, REBATES AND RETURNS _____
2. LESS: (A) COST OF GOODS SOLD, ☐ or (B) Cost of Operations, ☐ whichever is applicable
3. GROSS PROFIT FROM SALES, ETC., (Line 1 less Line 2) _____
4. DIVIDENDS \$_____ INTEREST \$_____ ROYALTIES \$_____
5. RENTS RECEIVED, IF CONNECTED WITH TRADE OR BUSINESS _____
6. OTHER BUSINESS INCOME (Specify) _____
7. TOTAL BUSINESS INCOME BEFORE DEDUCTIONS _____

BUSINESS DEDUCTIONS

- | | | |
|------------------------------|--|--------------------------------------|
| 8. ADVERTISING AND PROMOTION | | 14. A. COMPENSATION OF OFFICERS |
| 9. AUTO, TRUCK AND TRAVEL | | B. SALARIES AND WAGES |
| 10. BAD DEBTS | | (Not Deductible Elsewhere) |
| 11. REPAIRS | | C. PAYMENTS TO PARTNERS |
| 12. INTEREST ON | | D. COMMISSIONS |
| BUSINESS INDEBTEDNESS | | 15. DEPRECIATION AMORTIZATION |
| 13. OTHER BUSINESS TAXES | | 16. RENTS (PAID TO) |
| | | 17. OTHER (LIST IF OVER 10% LINE 18) |

18. TOTAL BUSINESS DEDUCTIONS (TOTAL OF LINES 8 TO 17) _____
19. NET PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (LINE 7 LESS LINE 18) _____

SCHEDULE G — INCOME FROM RENTS (If not included in Schedule C) (Attach Form R Supplement or statement explaining columns 3, 4 and 5)

1. Kind & Location of Property	2. Amount of Rent	3. Depreciation	4. Repairs	5. Other Expenses	6. Net Income (or Loss)

TOTAL INCOME (or Loss) SCHEDULE G

SCHEDULE H — OTHER INCOME NOT INCLUDED IN SCHEDULES C or G (Do not list interest or dividends) **ORDINARY INCOME FORM 4797**

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, ETC.

INCOME FROM PARTNERSHIPS, ESTATES & TRUSTS, FEES, ETC.		
RECEIVED FROM	FOR (DESCRIBE)	AMOUNT

TOTAL INCOME SCHEDULE H

TOTALS SCHEDULES C, G, & H. ENTER ON LINE 2, PAGE 1

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN **SCHEDULE X IS OPTIONAL** See Instructions for Page 2

Do not use this schedule unless you begin on line 3 of page 1 with your Federal Adjusted Gross Income

ITEMS NOT DEDUCTIBLE

ADD

ITEMS NOT TAXABLE

- A. Capital losses deducted _____
- B. Expenses attributable to non-taxable income _____
- C. City or State income taxes _____
- D. Net operating loss deduction per Federal Return _____
- E. Payments to partners (Line 14, Form 1065) _____
- F. Sick pay not included in Line 1 above _____
- G. Contributions (not a business expense) _____
- H. Other expenses not deductible (Explain) _____
- I. IRA deduction/401K/deferred _____
- J. Alimony Payments _____
- K. Keogh-SEP's _____
- M. TOTAL ADDITIONS (Enter as Line 7A, page 1) _____

- N. Capital gains from sale, exchange or other disposition of capital or other assets (from Federal Schedule D) _____
- O. Interest earned or accrued _____
- P. Dividends _____
- Q. Income from Patents or Copyrights _____
- R. Other income exempt from TROY Tax (Explain) _____
- S. Alimony Received _____
- T. IRA Distributions _____
- U. Pensions & Annuities received _____
- V. Unemployment Compensation _____
- W. Social Security Benefits _____
- Y. State & Local Refunds _____
- Z. TOTAL DEDUCTIONS (Enter as Line 7B, Page 1) _____

SCHEDULE Y — BUSINESS ALLOCATION FORMULA

- Step 1: Average value of real and tangible personal property _____
Gross annual rentals multiplied by 8 _____
Total Step 1 _____
- Step 2: Gross receipts from sales made and work and services performed _____
- Step 3: Total wages, salaries, commissions and other compensation of all employees _____
Total percentages _____
- Step 5: Average percentage (Divide total percentages by number of percent _____

- [illegible]

Step 5: Average percentage (Divide total percentages by number of percentages used — carry to Line 8B — Page 1) _____ %

SCHEDULE Z — PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

1. NAME AND ADDRESS OF EACH PARTNER

- | INCOME | | | | |
|----------------------|------------------------------------|-------------------|-----------------------|-------------------|
| 2. Resident | 3. Distributive Shares of Partners | 4. Other Payments | 5. Taxable Percentage | 6. Amount Taxable |
| 1. Nonresident Alien | | | | |

	Yes	No	Percent	Amount	Payments	Terminals	Other	Total
(A)								
(B)								
(C)								

7. LINE 19, SCHEDULE C, Page 2

XXXXXXXXXXXXXXXXXXXX

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